

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space
11750

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township N. New Primary Registration District No. 1092
 City Lansing City 3009 St. Bales Ward 1545

2. FULL NAME Mrs Alpha G. Martin
 (a) Residence. No. 3009 Bales St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20, 1885
Feb 17, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 6 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ""

12. MAIDEN NAME OF MOTHER ""

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ""

14. INFORMANT Saul J. Martin
 (Address) 3009 Bales

15. FILED 4/12 27 M.M. Coone REGISTRAR
Acce

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 1927

17. I HEREBY CERTIFY, That I attended deceased from April 7 - 1927, to April 12 - 1927, that I last saw him alive on April 11 - 1927, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture Right leg
acc Fall
 (duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY Lobar Pneumonia
 (SECONDARY)
 (duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED home
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Celastory
 (Signed) Joseph H. Flecken M. D.
4/12, 1927 (Address) 208 Bright Pl. Bg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cremation DATE OF BURIAL Apr 13 1927

20. UNDERTAKER H. H. Newsome's ADDRESS 208 Bright Pl. Bg.

PRINTED WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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